

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 04/691,406
APPLICANT(S) _____

FILING DATE 10-12-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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50						
TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	28					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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